CALFRESH REQUEST FOR POLICY INTERPRETATION

Pla	# 1	8-	25
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INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Retain a copy for your records and submit via email to CalFresh-PI@dss.ca.gov.

Please note: the policy interpretation provided is based on the unique set of facts presented and should not be assumed to apply in all

sce	narios.							
1.	RESPONSE NEEDED DUE TO: Policy/Regulation Interpretation QC		5.	DATE OF REQUEST:	= NE	ED RESPONSE BY:		
			6.	02/26/2018 6. COUNTY/ORGANIZATION: Merced Co.				
Other:				7.	7. SUBJECT: QC / PACF IRT			
2.	. REQUESTOR NAME:			8.	REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s).			
3.	PHONE NO.:	EMAIL:			ACL 15-42			
4.	REGULATION CITE(S):							
9.	QUESTION: (INCLUDE	SCENARIO IF NEEDED FOR	CLARITY):			- F		
	reviews/determina	ation?						
						•		
						, 3		
10.	REQUESTOR'S PROPO	REQUESTOR'S PROPOSED ANSWER:						
	Utilize the CF IR	Utilize the CF IRT 130% for PACF cases for QC reviews bases on FNS 310.						
			16					
11.	STATE POLICY RESPO	NSE (CFPB USE ONLY):						
		follow CA's policy whincome exceeds the				ACL 15-42,	the HH is mandated to	

FOR CDSS USE				
DATE RECEIVED:	DATE RESPONDED TO COUNTY/ALJ:			
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